

CLAIMS ONLY							<div style="display: flex; justify-content: space-between;"> <div>Application Number <b>10/596314</b></div> <div>Filing Date</div> </div> <div style="margin-top: 5px;">Applicant(s)</div>					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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42							92					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep							Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					